

# BRAZOS INDEPENDENT SCHOOL DISTRICT

## Workshop Requisition

Name of Employee \_\_\_\_\_

WORKSHOP \_\_\_\_\_  
Title or Subject

DATE THIS FORM IS FILLED OUT \_\_\_\_\_

WORKSHOP LOCATION \_\_\_\_\_

NUMBER OF DAYS \_\_\_\_\_ DATES \_\_\_\_\_ TIME VEHICLE NEEDED \_\_\_\_\_

PRESENTED BY \_\_\_\_\_

PURPOSE, GOAL OR OBJECTIVE \_\_\_\_\_

COST: (ATTACH P.O. FOR ADVANCED PAY)

**Registration or enrollment fee**.....\$ \_\_\_\_\_

### Lodging

\_\_\_\_\_ nights @ \_\_\_\_\_ state rate per night .....\$ \_\_\_\_\_

Current rates located at the following website:

<http://www.gsa.gov/portal/category/100120>

ESTIMATED COST TO BE REIMBURSED:

**Meals** (\$36 per day for overnight travel ).....\$ \_\_\_\_\_

**Travel**...\_\_\_\_\_ miles @ state reimbursement rate .....\$ \_\_\_\_\_  
(only if school vehicle is not available OR preapproved)

TOTAL COST.....\$ \_\_\_\_\_

Budget Code \_\_\_\_\_  
(Must be filled out)

I understand that the use of a vehicle form must be completed and approved prior to leaving and that request for reimbursement PLUS ITEMIZED RECEIPTS must be completed upon my return for reimbursement.

Requested by: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Special Programs: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

**Directions: Have this form approved by your administrator and then email or send it in interoffice mail to central office for approval. Central office will then send you a copy of your approved or denied requisition.**